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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4179**  
Registrar's No. **176**

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Bridgeton**  
(c) Name of hospital or institution:  
**Natural Bridge Road 3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **John Frank Mott**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **456-09-7376**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, **Divorced Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **March 9 1911**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**26 10 14** hr. min.

9. Birthplace **New York**  
(City, town, or county) (State or foreign country)

10. Usual occupation **T.W.A. Airline mechanic**

11. Industry or business **Commercial aviation**

12. Name **Frank J. Mott**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **T.W.A. Airlines records**

(b) Address **Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **I-27-AI**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mattituck N.Y.**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**

(b) Address **131 W. Argonne Dr. Kirkwood, Mo.**

19. (a) **JAN 24 1941** (b) **L. H. Mott**  
(Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **148**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **Milner Hotel**  
(If rural, give location) **1**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23**  
year **1941** hour **4** minute **30 AM**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Killed while riding in Airplane when it crashed**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to **173-6**

Other conditions **311**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **21**  
(b) Date of occurrence **Jan 23rd, 1941**  
(c) Where did injury occur? **Bridgeton, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) **Plane-Crash**  
(e) Means of injury  
23. Signature **Louis H. Bopp, Inc.**  
Address **Kirkwood, Mo.** Date signed \_\_\_\_\_

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Hickmanwood, Mo.

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.